

Page 1 of 2

Name of Person Filing John P. Tolman	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name United Healthcare Trade Name, if any P O Box, Bldg, Room No, if any PO Box 150453 Street City Hartford State CT ZIP Code + 4 06115-0453	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer																
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	11 a Nature of such dealing <table border="1"><tr><td>1/28/04</td><td>Adventura FL</td><td>Golf</td><td>164.78</td></tr><tr><td>1/30/04</td><td>Adventura FL</td><td>Golf</td><td>164.78</td></tr><tr><td colspan="4">Jeff Tolman (son)</td></tr><tr><td>1/30/04</td><td>Adventura FL</td><td>Golf</td><td>164.78</td></tr></table> 11 b Approximate dollar value of such dealing 494.34 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px;"></div> 12 b Amount	1/28/04	Adventura FL	Golf	164.78	1/30/04	Adventura FL	Golf	164.78	Jeff Tolman (son)				1/30/04	Adventura FL	Golf	164.78
1/28/04	Adventura FL	Golf	164.78														
1/30/04	Adventura FL	Golf	164.78														
Jeff Tolman (son)																	
1/30/04	Adventura FL	Golf	164.78														

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment <div style="border: 1px solid black; height: 150px;"></div> 14 b Amount of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing **John P. Tolman**

File Number U-

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8 Name and address of Business (including trade name, if any)Name **Faulkner Muskovitz & Phillips**

Trade Name, if any

P O Box, Bldg , Room No , if any

Street **820 Superior Ave.**City **Cleveland**State **OH** ZIP Code + 4 **44113****9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c. is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing**12/23/04 Cleveland OH Gift Basket
65.00****11 b Approximate dollar value of such dealing****65.00****12 a Nature of interest held or income received****12 b Amount**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment**